

**PATENT**

Attorney Docket: **2448 DIV CON 8**  
**(203-2626 DIV CON VIII)**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANTS: Lee Bolduc et al. EXAMINER: Diane D. Yabut  
SERIAL NO.: 10/755,427 ART UNIT: 3734  
FILED: January 12, 2004 DATED: October 27, 2009  
FOR: SURGICAL HELICAL FASTENER WITH APPLICATOR

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL FORM**

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	ADDIT. RATE FEE	OR	ADDIT. RATE FEE
TOTAL	26	MINUS	26	=	4	X 26\$	X	52 \$ 0.00
INDEP.	2	MINUS	3	=	0	X 110	X	220 \$ 0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						X 195 \$ _____	X	390 \$ 0.00
						TOTAL	OR TOTAL	\$ 0.00

**ADDITIONAL FEE: \$ 0.00**


No additional fee is required.

- \* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".  
\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
The Highest No. Previously Paid For (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this correspondence is being transmitted on the date below with the United States Patent and Trademark Office, PO Box 1450, Alexandria, VA 22313-1450, via electronic submission.

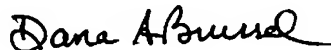
Dated: **October 27, 2009**

  
Dana A. Brussel

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- [ ] Please charge Deposit Account No. 21-0550 in the amount of \$\_\_\_\_\_.
- [ ] A check in the amount of \$\_\_\_\_\_ is enclosed.
- [X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No.21-0550 Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor.

Respectfully submitted,



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